

Statement of Corwin R. Dunn, M. D.

State of Ohio )  
                 )     ss.  
County of Hamilton )

I, Corwin R. Dunn, M.D., after being duly cautioned and sworn state the following on the basis of my own personal knowledge.

1. I am a physician and am licensed to practice medicine in the State of Ohio. My curriculum vitae is attached.
2. Since July 1997, I have treated Mr. Eric Jeffries on an intermittent basis for a malady which he continues to suffer. As the result of Mr. Jeffries' malady he suffers myalgias, arthralgias, abdominal pains, severe headaches, malaise, and various other body aches.
3. After seeing Mr. Jeffries several times I am certain that Mr. Jeffries' symptoms are real and have a significant debilitating effect on him. Since beginning my treatment of Mr. Jeffries, I have suspected that his condition presents some systemic illness with rheumatologic features.
4. It is my opinion that irrespective of my inability to precisely diagnose Mr. Jeffries' condition, the effects of his illness make him unable to perform the material and substantial duties of his occupation of a merchant banker.

Further Affiant Sayeth Naught.

Corwin R. Dunn

Corwin R. Dunn, M. D.

Notary Public

Before me appeared Corwin R. Dunn, M. D., who after being duly cautioned and sworn, signed his name above.

Gina S. Schneider

GINA S. SCHNEIDER  
Notary Public, State of Ohio  
My Commission Expires Dec. 22, 2001